. 2 -40 -39		BOARD OF HEALTH FICATE OF DEATH State File No
23159	Registration District No. 15319 1 Primary Registration Dist	1003 613
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution, write street number or location) (d) Length of stay: In hospital or institution (specify whether In this community years, months or days) 3. (a) PRINT EMILE J. JEANNET FULL NAME S. Color or No. 2011 - 10 - 10 - 10 - 10 - 10 - 10 - 10	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County 500 (c) City or town St. Louis (Ifoutaide city or town limita, write "RURAL") (d) Street No. (Ifoutaide city or town limita, write "RURAL") (e) If foreign born, how long in U. S. A.? 50 years. MEDICAL CERTIFICATION 20. DATE OF DEATH: Month January day 18th year 1941 - hour 10 minute 45 A.M. 21. I hereby certify that I attended the deceased from 1941; that I last saw h 100 alive on 1934, to 100 1941; and that death occurred on the date and hour stated above. Duration
	7. Birth date of deceased September 4 1877 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day	Due to Hyperterran
	9. Birthplace Alsace Iorraine (City, town, or county) 10. Usual occupation Stationary Engineer 11. Industry or business 12. Name Romaine Jeannet	Due to

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed Robert F. Sebber

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address St. Louis, Mo.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.